(Please Print)		
Candidate Name:LAST	FIRST	INITIAL
Exam LocationCITY		
CHY		
	0.4	
STATION NAME: Dot:	Station #1	mont TDALIMA
	ient Assessment/Manage	ment - I RAUWA
Scenario # Drawn by Candidate:	* Date://	[] Pass [] F
	Mo day year	
		11
Examiner Printed	Signature	Health Cert Lic # Profession
		FIGIESSIOII
Examiner Printed	Signature	// Health Cert Lic#
(If witness Examiner used)	Signature	Profession
Comments:		
_		

^{*}Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

(Please Print)		
Candidate Name:		
LAST	FIRST	INITIAL
Exam Location	_	
CITY		
Statio	n #2	
STATION NAME: Patient Asses	ssment/Manag	ement - Medical

Scenario # D	rawn by Candidate:	*	Date:/_	year year	[]Pa	ass []Fai
Examiner	Printed		Signature	,	Health Profession	Cert Lic#
Examiner (If witness Exam	Printed niner used)		Signature		Health Profession	Cert Lic#
Comments:						

*Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

Please Print)			
Candidate Name:			
	LAST	FIRST	INITIAL
Exam Location			
	CITY		

Station #3 STATION NAME: Cardiac Arrest Management / AED

Scenario # Drawn	by Candidate: _	*	Date: //	ay year	[]P	ass []Fail
Examiner F	Printed	<u> </u>	Signature		Health Profession	Cert Lic#
Examiner P (If witness Examiner u	rinted used)		Signature	/	Health Profession	Cert Lic#
Comments:						

^{*}Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

(Please Print)				
Candidate Name:				
	LAST	FIRST	INITIAL	
Exam Location				
	CITY			

Station #4 STATION NAME: <u>Apneic Patient</u> – Bag-Valve-Mask; Assembly and Administration of Supplemental Oxygen

Scenario # Drawn by Candidate:* Date:*					[]Pass []Fai		
Examiner	Printed		S	ignature		Health Profession	Cert Lic#
Examiner (If witness Exan	Printed niner used)	I	Siţ	gnature		Health Profession	Cert Lic#
Comments:							

^{*}Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

Station #5 STATION NAME: Spinal Immobilization - SUPINE PARTICLE Scenario # Drawn by Candidate:* Date:// Examiner Printed Signature Herof Examiner Printed Signature Herof (If witness Examiner used)	
Station #5 STATION NAME: Spinal Immobilization - SUPINE PARTICLE Scenario # Drawn by Candidate:* Date:// Examiner Printed Signature Herot Examiner Printed Signature Herot (If witness Examiner used)	
Station #5 STATION NAME: Spinal Immobilization - SUPINE Paragraphic Scenario # Drawn by Candidate:* Date:// Examiner Printed Signature Head Professional Signature Head Si	NITIAL
Station #5 STATION NAME: Spinal Immobilization - SUPINE Paragraphic Scenario # Drawn by Candidate:* Date:// Examiner Printed Signature Head Professional Signature Head Si	
Station NAME: Spinal Immobilization - SUPINE Passes Scenario # Drawn by Candidate:* Date:// Examiner Printed Signature He Professional Printed Signature He (If witness Examiner used)	
Scenario # Drawn by Candidate:* Date://	
Examiner Printed Signature Herror / / Examiner Printed Signature He	ATIENT
Examiner Printed Signature Herror / / Examiner Printed Signature He (If witness Examiner used) Signature Herror Prof	[]Pass []Fa
Prof / Examiner Printed Signature He (If witness Examiner used) Prof Prof	<u> </u>
Examiner Printed Signature He (If witness Examiner used)	ealth Cert Lic # ession
Comments:	// ealth Cert Lic# ofession

^{*}Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

(Please Print)		
Candidate Name:LAST	FIRST	DIMEN A
Exam LocationCITY		INITIAL
	i-A: Random Skill Verifi mmobilization Skills - Lo	
Scenario # Drawn by Candidate:	* Date:// _{/ day} // _{/ year}	[]Pass []Fail
		11
Examiner Printed	Signature	Health Cert Lic # Profession
1		1
Examiner Printed (If witness Examiner used)	Signature	Health Cert Lic# Profession
Comments:		

^{*}Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

(Please Print)					
Candidate Name: _	LAST		FIDOT	YN WEDY A Y	
Exam Location			FIRST	INITIAL	
STAT			ndom Skill Verificobilization Skills -		
Scenario # Drawn by Car	ndidate:	*	Date: //	[]Pa	ass [] Fail
Examiner Printed			Signature	Health Profession	Cert Lic#
Examiner Printed (If witness Examiner used)			Signature	Health Profession	Cert Lic#
Comments:					

*Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

(Please Print)				
Candidate Na	me:			
			FIRST	INITIAL
Exam Location	onCITY			
	CITY			
STA	TION NAME:	Bleeding Co	ntrol - Shock	Management
Scenario # Drawn b	oy Candidate:	* Date:_	Mo day year	[]Pass []Fai
	1			1
Examiner Pri	nted	Signatu	ire	Health Cert Lic # Profession
	1			/
Examiner Prin (If witness Examiner use		Signatur	re	Health Cert Lic# Profession
Comments:				

*Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

Station #6-D: Random Skill Verification

(Please Print)			
Candidate Name	LAST	FIRST	INITIAL
	CITY		
STA	TION NAME:	Airway, Oxygen & Venti	lation Skills
Scenario # Drawn by 0	Candidate:	* Date://	[]Pass []Fail
	1		1
Examiner Printed	d	Signature	Profession
Examiner Printed (If witness Examiner used)	/	Signature	// Health Cert Lic# Profession
Comments:			

*Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

(Please Print)			
Candidate Name:	LAST	FIRST	INITIAL
Exam Location	CITY		
		Random Skill Verifi h to Mask with Suppl	
Scenario # Drawn by Can	didate:	* Date: / / / year	[]Pass []Fai
			<u> </u>
Examiner Printed		Signature	Health Cert Lic # Profession
	1		1
Examiner Printed (If witness Examiner used)		Signature	Health Cert Lic# Profession
Comments:			

^{*}Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)